

YELLOWSTONE COUNTY, MONTANA

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY - PRINT CLEARLY OR TYPE- ANSWER ALL QUESTIONS

Date: _____ U.S. Social Security No. _____

Name in full _____
(Last) (First) (Middle) (Telephone)

Address _____
(Number & Street) (City) (State & Zip) (Message Telephone)

Are you 18 years or older? () Yes () No

Position applying for: _____

Department: _____

List other names, if any, used on employment or education records: _____

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? () Yes () No

Have you ever worked
for Yellowstone County? _____ Where? _____ When? _____

Position Held? _____ Reason for Leaving? _____

Do you have any relatives working for Yellowstone County? _____
If yes, where? _____

Have you ever been convicted of a felony? Yes () () No (Conviction is not an automatic bar to employment.)
If yes, describe in full giving dates: _____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
High School			1	2	3	4	() Yes () No	
College			1	2	3	4	() Yes () No	
Other (Specify)								

EMPLOYMENT HISTORY

(Give a complete record of all employment and reasons for periods of unemployment for at least five years. Start with the most recent employment.)

Latest
Employment First

May we contact these employers now? YES () NO ()

Position/Title	_____	From Mo./Yr.	_____	To Mo./Yr.	_____
Employer	_____			Phone:	_____
Address	_____	City	_____	State:	_____ Zip: _____
Salary	_____	Full Time ()	Part Time ()	Hours/week	_____
Supervisor's Name & Title	_____			Phone No.	_____
In your own words describe your work: _____					
Reason for Leaving: _____					

Position/Title	_____	From Mo./Yr.	_____	To Mo./Yr.	_____
Employer	_____			Phone:	_____
Address	_____	City	_____	State:	_____ Zip: _____
Salary	_____	Full Time ()	Part Time ()	Hours/week	_____
Supervisor's Name & Title	_____			Phone No.	_____
In your own words describe your work: _____					
Reason for Leaving: _____					

Position/Title	_____	From Mo./Yr.	_____	To Mo./Yr.	_____
Employer	_____			Phone:	_____
Address	_____	City	_____	State:	_____ Zip: _____
Salary	_____	Full Time ()	Part Time ()	Hours/week	_____
Supervisor's Name & Title	_____			Phone No.	_____
In your own words describe your work: _____					
Reason for Leaving: _____					

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

SKILLS

Check the skills you possess. Specify speed/errors where requested.

() Typing _____ () Data Entry _____ () Machine Transcription _____ () Ten-Key by Touch
 () Legal Terminology () Other _____

MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following (documentation will be required):

To claim Veterans' Employment Preference you must be a U.S. citizen and (check one of the boxes below):

- () A Veteran separated under honorable conditions.
- () A Disabled Veteran separated under honorable conditions.
- () The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- () The unremarried surviving spouse of a veteran or disabled veteran.
- () The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces,
OR has a service-connected, permanent, and total disability.

You may claim Handicapped Persons’ Employment Preference as (check on of the boxes below):

- () A handicapped person certified by SRS
- () The spouse of totally (100%) disabled person certified by SRS

If you checked one of the above boxes for Handicapped Persons’ Employment Preference Act:

Are you a Montana resident? () Yes () No If “YES”, date residency established:

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION:

I understand that falsification, misrepresentation or omission of information is sufficient cause for rejection of this application, or if hired, dismissal from employment.

I grant permission for the authorities of Yellowstone County to investigate my references and release said County, as well as my former employers, from any and all liability resulting from such investigation.

Date: _____ Signature _____

We appreciate your interest in employment with Yellowstone County. Please feel free to attach your resume to this application, or any other additional comments which you feel will be helpful in evaluating your qualifications for the position.

SUBMIT COMPLETED APPLICATION WITH ORIGINAL SIGNATURE TO:

Human Resources, Rm 202
Yellowstone County
217 N. 27th Street
Billings MT 59101

Mailing Address:
Human Resources
PO Box 35041
Billings, MT 59107

FOR HUMAN RESOURCES USE ONLY

Yellowstone County

Human Resources
(406) 256-2705
(406) 254-7908 (fax)
P.O. Box 35041
Billings, MT 59107-5041



AUTHORIZATION TO RELEASE INFORMATION

I am an applicant for a position with Yellowstone County. As such, I am required to furnish information, which Yellowstone County may use to determine my qualifications and suitability for employment.

In this connection, I hereby expressly authorize the release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release Yellowstone County and any organization, company, institution or person furnishing information to Yellowstone County, as expressly authorized above, from any and all liability for damage, which may result from furnishing the information requested.

Signature_____

Date_____, 20____

Print Full Name: _____

Present Address: _____

City State Zip

Social Security Number _____

Applicant Survey

Completion of this Applicant Survey is on a voluntary basis and will not affect your eligibility for employment.

Title VII of the U.S. Civil Rights Act requires Yellowstone County to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in county government.

Position Title: _____

Name: _____

How did you **first** learn of this position?

- | | |
|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> A County employee |
| <input type="checkbox"/> Montana Job Service | <input type="checkbox"/> Posted in a County office or bulletin board |
| <input type="checkbox"/> A referral/assistance organization | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other (specify) _____ | |

Date of Birth (month/day/year): ____/____/____

☐ Male ☐ Female

RACE/ETHNICITY – Please check the ONE box that best describes your race/ethnicity:

- ☐ WHITE (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ BLACK (not of Hispanic origin) – A person having origins in one of the black racial groups of Africa.
- ☐ SPANISH (HISPANIC) – A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.
- ☐ ASIAN or PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines, and Samoa.
- ☐ AMERICAN INDIAN or ALASKAN NATIVE – A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

VETERAN STATUS

Check the box(es) that describe your veteran status:

- ☐ Vietnam Era Veteran
- ☐ Veteran of Other War Era _____
- ☐ Other Veteran
- ☐ Disabled Veteran
- ☐ Not a Veteran

DISABILITY STATUS:

If applicable, check any disability you have:

- | | |
|--|--|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Mental impairment |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Other _____ |

Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Persons' Employment Preference? ☐ YES ☐ NO